# FISCAL IMPACT REPORT

**SPONSOR** SJC **LAST UPDATED** 02/27/2023
**ORIGINAL DATE** 02/22/2023
**SHORT TITLE** Nurse Anesthetist Role **BILL NUMBER** CS/Senate Bill 80/SJCS
**ANALYST** Chilton

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT***
**(dollars in thousands)**

| | FY23 | FY24 | FY25 | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected |
|---|---|---|---|---|---|---|
| | No fiscal impact | No fiscal impact | No fiscal impact | | | |

Parentheses ( ) indicate expenditure decreases.
*Amounts reflect most recent version of this legislation.

Duplicates House Bill 48
Relates to Senate Bill 35

## Sources of Information

LFC Files

Responses Received From
Board of Nursing (BON)
Medical Board (MB)
University of New Mexico (UNM)
Human Services Department (HSD)

No Response Received
Department of Health (DOH)
Regulation and Licensing Department (RLD)

# SUMMARY

## Synopsis of SJC Substitute for Senate Bill 80

The Senate Judiciary Committee substitute for Senate Bill 80 makes changes to Section 61-2-23.3 NMSA 1978, increasing certified registered nurse anesthetists' ability to practice independently. Nurse anesthetists who are certified by their national professional organization could either practice under a collaborative relationship with other health practitioners (no longer specified) or practice independently. An "independent role" for certified registered nurse anesthetist is "performing any action, including determining, preparing, administering or monitoring anesthesia care or anesthesia-related services without the supervision of another health care provider."

This bill does not contain an effective date, and as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed.

## FISCAL IMPLICATIONS

There is no appropriation in Senate Bill 80. There are no identified fiscal impacts.

## SIGNIFICANT ISSUES

As noted by UNM HSC, "By providing for independent Certified Registered Nurse anesthetists (CRNAs) practice, New Mexico could conceivably recruit more CRNAs to practice in the state, thereby increasing access to care for New Mexicans."

The Health Sciences Center continues:

> There is a shortage of anesthesiologists and certified registered nurse anesthetists in rural New Mexico communities. The provision of CRNA independent practice will allow more CRNAs to practice in the state, including in medically underserved areas that either have limited access to or no access to an anesthesiologist. Sometimes patients will delay or forgo medical procedures due to a lack of qualified anesthesiology services available.
>
> Multiple models exist when it comes to anesthesia practice. The American Society of Anesthesiologists (ASA) advocates for an anesthesia care team (ACT) care team, instead of independent practice. The ACT model is a team approach to anesthesia management in which an anesthesiologist (MD) concurrently supervises non-physician anesthetists (CRNA and /or AA) and/or anesthesiology residents during the delivery of anesthesia care. In the independent practice model, CRNA practice without the supervision of an MD anesthesiologist. According to the ASA, the care team model creates a safer model, especially in high acuity settings, as a team can discuss and implement the anesthesia care needed for a patient.

Numerous studies have shown that CRNA anesthesia appears to be equally safe compared with the other models available, including all-anesthesiologist practices. For example, in a study by Pine M, Holt KD and Lou Y-B, Surgical Mortality and Type of Anesthesia Practitioner (AANA Journal, April 2003), there were no differences in mortality. The authors concluded that "Although estimates of anesthesia-related deaths today are as low as 1 in 200,000 to 300,000 cases, questions remain about surgical patients' safety related to types of anesthesia providers. We studied the effect of type of anesthesia provider on mortality rates of Medicare patients undergoing eight different surgical procedures. Risk-adjusted mortality rates were analyzed for 404,194 inpatients undergoing surgery and having complete, unambiguous Medicare bills for anesthesia. Mortality was compared for anesthesiologists working alone, Certified Registered Nurse Anesthetists (CRNAs) working alone, and anesthesia care teams. Procedure-specific risk adjustment models were derived using stepwise logistic regression. Predictions were adjusted for institutional and geographic factors. Mortality rates for conditions studied ranged from 0.11 percent to 1.20 percent. Observed and predicted values by type of provider were not statistically significantly different. Hospitals without anesthesiologists had results similar to hospitals where anesthesiologists provided or directed anesthesia care."

HSD points to another study showing no difference in outcomes of patients cared for by CRNAs

during anesthesia, compared with anesthesiologists: "A 2010 study compared states that had opted out of the physician requirement for collaboration with CRNAs vs. states that still had that relationship. It looked at 481,440 hospitalizations and compared outcomes between the two sets of states. The researchers controlled for a number of factors, including the complexity of the patients. States that opted out of the physician collaborative requirement overall had lower mortality and complication rates for patients. There was also no increase in mortality or complications when states changed their state from requiring physician oversight to waiving that requirement." https://www-healthaffairs-org.libproxy.unm.edu/doi/10.1377/hlthaff.2008.0966

## DUPLICATION

Duplicates House Bill 48.

## RELATIONSHIP

Related to Senate Bill 35, which provides new regulations with respect to anesthesiology assistants.

## WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

As noted by BON, "The consequences of not enacting this bill would result in continuing to require the CRNA to maintain a collaborative relationship with physician, osteopathic physician, dentist, or podiatrist. It's unknown what the impact [would be on] health care facilities."

LAC/al/ne/rl